

Application Data Sheet**Application Information**

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: METHOD OF SOUND DIFFUSION
Attorney Docket Number:: 0565-1004
Request for Early Publication?: No
Request for Non-Publication?: No
Suggested Drawing Figure::
Total Drawing Sheets:: 2
Small Entity?: Yes
Latin Name::
Variety Denomination Name::
Petition Included?: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JACQUES
Middle Name::
Family Name:: LEWINER
Name Suffix::
City of Residence:: SAINT-CLOUD
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 7, AVENUE DE SURESNES
Address::
City of Mailing Address:: SAINT-CLOUD
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-92210

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: SYLVAIN CHARLES
Middle Name::
Family Name:: JAVELOT
Name Suffix::
City of Residence:: PARIS
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 32, RUE DES PEUPLIERS
Address::
City of Mailing Address:: PARIS

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-75013

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: DAMIEN GEORGES PIERRE

Middle Name::

Family Name:: LEBRUN

Name Suffix::

City of Residence:: HOUILLES

State or Province of
Residence::

Country of Residence:: FRANCE

Street of Mailing Address:: 3, RUE DE SALIS

City of Mailing Address:: HOUILLES

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-78800

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: STEPHANE ANDRE ROGER

Middle Name::

Family Name:: DEBUSNE

Name Suffix::

City of Residence:: MONTROUGE

State or Province of
Residence::

Country of Residence:: FRANCE

Street of Mailing Address:: 10, RUE GABRIEL PERI

Address::

City of Mailing Address:: MONTRouGE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-92120

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR03/01694	6/6/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	2002/07110	6/10/02	Yes

Assignment Information

Assignee Name:: CYNOVE SARL
Street of Mailing 35 RUE TOURNEFORT
Address::
City of Mailing Address:: PARIS
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 75005